

Permit No. \_\_\_\_\_

For office Use Only

Job Address: \_\_\_\_\_

#

Dir

Street Name

Type

Suffix

Business Name \_\_\_\_\_

## GAS EXTINGUISHING SYSTEM PERMIT APPLICATION

Bureau of Fire Prevention - Rm 203, 555 s 10<sup>th</sup> St. - Lincoln, NE 68508-3995  
Phone No. 402-441-7791 Fax No. 402-441-8214 24 Hour Inspection Line 402-441-8213

Name of System: \_\_\_\_\_

Area to be protected: \_\_\_\_\_ No. of Heads: \_\_\_\_\_

No. & Size of Cylinders: \_\_\_\_\_ No. of Activating Devices: \_\_\_\_\_

### SCHEDULE OF FEES

#### Fire Extinguishing Systems

First Cylinder

\$ 7.50

Each additional cylinder

\$ 5.00

#### **Subtotal:**

#### Plans Review Fee (Subject to \$18.00 minimum Fee)

\$.95 per \$1,000 total job cost

Enter Job Cost: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Application is hereby made to install or alter a fire extinguishing system. It is agreed that all rules, regulations, and ordinances of the City of Lincoln, now in effect or to be enacted, will be complied with, and that the installation will be made in accordance with all applicable fire system regulations.

**Minimum of three (3) detailed sets of plans & specifications are attached and are made a part of this application. If plans to be mailed back, a self-addressed, stamped envelope must be enclosed.**

#### Submitted by

\_\_\_\_\_  
Company Name (Please Print)

\_\_\_\_\_  
Signature of Registered Contractor

\_\_\_\_\_  
Company Address - Street, City, State, Zip

\_\_\_\_\_  
Office Phone No.

\_\_\_\_\_  
Cellular Phone No.

Approved By: \_\_\_\_\_

Bureau of Fire Prevention

\_\_\_\_\_  
Date